

PART B - FEE(S) TRANSMITTAL

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23370 7590 07/10/2009
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<i>FRAN YOUNG</i>	(Depositor's name)
<i>FRAN YOUNG</i>	(Signature)
<i>OCTOBER 6, 2009</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/559,148	08/17/2006	Jane Louise Holley	41577/323890	9062

TITLE OF INVENTION: COMPOSITIONS COMPRISING LARGE AND SMALL BINDING FRAGMENTS OF ANTIBODIES AGAINST THE SAME TOXIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/13/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
NAVARRO, ALBERT MARK	1645	424-130100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 KILPATRICK STOCKTON LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE *THE SECRETARY OF STATE FOR DEFENCE* (B) RESIDENCE: (CITY and STATE OR COUNTRY) *SALISBURY, WILTSHIRE, U.K.*

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☒ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *11-0855* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *James L. Green*
 Typed or printed name *JAMES L. GREENE*

Date *OCTOBER 6, 2009*
 Registration No. *32,467*

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